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ORIGINAL DEPARTMENT.

Lectures.

CLIMACTERIC MENORRHAGIA.

Extract from a Lecture Delivered by

PROF. B. F. BARKER,

At Bellevue Medical College, Dec. 11, 1866.

Reported by E. S. BROWN.

In the early part of my practice, and for many years, I met with a class of patients, from forty-three to forty-five years of age, who suffered from a constant flow of the menses, about two weeks in every four, a constant draft upon the genital organs, which was accompanied with great disturbance of the nervous system, and of the general health. I examined for polypi, fibrous tumors, and cancer, with the greatest care. I found it to be a peculiar menorrhagia, occurring especially at that period of life, when the functions of ovulation and menstruation were about to cease. I could find no organic disease upon which it appeared to depend. I consulted all the works to which I could gain access, both in our own and the French languages, with especial reference to this point; but found nothing satisfactory to aid me in its treatment. I find, that even at this time, none of our most recent authors, as SCANSONI, BENNETT, MCCLINTOCK, WEST, and HUETT, or of the French authors, make any especial allusion to this peculiar type of menorrhagia, which I call the *climacteric menorrhagia*.

I feel assured, that in active practice, you will frequently meet with these cases, and will find the directions of authors vague and unsatisfactory, and the proper management of the affection very perplexing.

Climacteric menorrhagia occurs in the plethoric and the anæmic, and I believe it is no more liable to occur in the one habit of the system than in the other. It continues for a longer or shorter time, according to the improper or proper treatment of it. It is not an affection susceptible of arrest or cure by any constitutional measures. The ordinary styptics, hæmostatics, and astringents, have very little influence in controlling it. CHURCHILL, in speaking of the treatment of this

form of menorrhagia, recommends ergot as especially valuable in that class of cases where it is associated with an enlarged or hypertrophied uterus. Other authors recommend a great variety of styptics; but none of them speak with any very great assurance regarding the effects of their remedies.

When this menorrhagia occurs in those of full habit; and continues, as it often does, two, three, or more years, the patient is reduced from a plethoric to an anæmic condition. It frequently renders the condition of the general system such that it is incapable of bearing with the ordinary normal resistance, the shock of the little accidental injuries which may arise.

It sometimes appears in the form of violent exhausting hæmorrhage, to an extent almost equal to that which may occur in the puerperal state; this to be followed by an arrest of the menstrual function for two or three months, or longer, when a second hæmorrhage takes place, and so on. The system is thus reduced to a condition of anæmia, from which it arises only to be again brought down by this rupture of, and excessive hæmorrhage from the capillary vessels of the uterus. In other cases, the drain is less profuse and exhausting, and occurs much more frequently. These are no fancy pictures, but what I frequently meet with in actual practice.

A few years ago, I came to the conclusion, that this form of menorrhagia was due to no peculiar condition of the general system, was caused or accompanied by no organic lesion, and was uninfluenced by constitutional treatment. I then began to reflect, that the internal surface of the uterus, during the whole period of what is termed menstrual life, is subjected to a constant process of formation and development of the mucous membrane and its follicles; the decidua membrane, its exfoliation and reproduction, occurring to a certain extent at each menstrual period, and at each period of gestation and parturition, to a full extent; that this process might be interrupted, and that it was possible and probable that these forms of menorrhagia were due to the condition of the internal surface of the uterus. I now believe that this form of

menorrhagia is due to an imperfect cicatrization of the lining membrane of the uterus, following the exfoliation which occurs at each menstrual period, and associated with increased vascularity of this membrane. In other words, I believe it is caused by a lesion of the internal surface. I commenced treatment in accordance with this belief, and its success convinces me that the theory is sound.

I have, within a few years past, conversed with certainly the most eminent uterine pathologists now living in different parts of the world, and when the proposition has been fully stated to them, it has been accepted; and the treatment I propose, is now being practised in Edinburgh, London, and Paris, as well as by many in our own country.

Tepid water injected into the cavity of the uterus, in its normal undeveloped state, even in quantities of ten or fifteen drops, causes the most intense uterine colic. It is infinitely more tolerant of solid substances than of fluids, even the most bland. The presence of fluid seems to excite uterine contraction, and the uterine muscular tissue not being developed, these attempts at contraction produce excessive pain. But in these cases of profuse uterine hæmorrhage, where the cavity is enlarged and its capacity increased, half an ounce or more of fluid may be thrown in and retained by the then tolerant uterus.

Since Dr. SQUIBB, to whom the profession is deeply indebted, introduced the solution of the persulphate of iron, I have used this exclusively in the cases of sudden and excessive hæmorrhage, where there is consequently more or less blood accumulating in the uterus. In these cases I use an india-rubber syringe of the ordinary form for uterine injections. If the injection is thrown in with any force, it will be thrown out at once. The object is to have it retained in the cavity of the uterus, to exert its styptic influence, which is to form a firm coagulum, thus blocking up the open mouths of the vessels, and also to astringe the coats of the vessels themselves. So I introduce the syringe, and with great gentleness inject from twenty to forty drops of the persulphate of iron. I have never, in a single instance, made use of this remedy, without its being immediately followed by a complete and entire cessation of hæmorrhage, and no recurrence for some days afterward. In these forms of dangerous, profuse, and sudden hæmorrhage, this treatment is infinitely more successful than any other measure.

The second form of menorrhagia is that which occurs at the climacteric period, which is much

less profuse, but continues from two to three weeks, an exhaustive drain upon the system. In this form, my object is to carry into the cavity of the uterus some substance which will produce rapid cicatrization of its lining surface. The agent which I have been using exclusively for this purpose, for five or six years, is a solution of sulphate of zinc in glycerine. The combination is

R. Zinci sulphas, ʒj.
Glycerin, f.ʒij.

I find that a drachm of glycerine will dissolve on ounce of the sulphate of zinc; but in the combination I have given you, the proportions are such as to give it the proper consistence.

The instrument I use for this purpose is a hollow tube perforated in every direction at its extremity, the whole shaped like an ordinary female catheter, in which is fitted a piston. The instrument is filled sufficiently by partially withdrawing the piston, and dipping the perforated extremity into the ointment, which is then injected into the cavity of the uterus, by the use of the piston. In regard to this treatment, I could give you a great number of cases, in which the patients, in a state of extreme exhaustion, have been subjected to a great variety of constitutional and local treatment, but without effect, until by means of this simple treatment, the drain upon the system has been arrested. In these cases of menorrhagia, I have not, in a single one, had to apply this method more than twice.

Pathology and Treatment of Pneumonia.

Dr. R. CRESSON STILES, of Brooklyn, communicates a paper on pneumonia to the *Med. Record*. In the post-mortem examinations of eighteen fatal cases which occurred in the Kings County Hospital, there was an average excess of two pounds in the weight of the solidified lung, over that of the sound lung, due to the pneumonic exudation; in one case, the weight of the exudation amounted to 4 lbs, 3 oz; and in general, it was proportional to the extent of pulmonary tissue solidified.

Regarding treatment, Dr. STILES advocates the administration of large doses of carbonate of ammonia as favorable to the absorption of the fatty matter into which the pneumonic exudation degenerates before it can be removed. Carefully conducted experiments on the physiological action of carbonate of ammonia, have led him to the conclusion that it possesses no stimulating influence, other than its irritant action on the stomach. He has repeatedly administered drachm doses of the pure carbonate, sufficiently diluted, without the slightest influence upon the pulse. In the treatment of pneumonia, he is in the habit of giving from eight to ten grains of the carbonate, properly diluted, every two or three hours. This treatment has generally resulted in shortening the period of recovery, and in ameliorating the most unpleasant symptoms.

Communications.

AN UNCLASSIFIED SKIN DISEASE.

By S. J. RADCLIFFE, M. D.,

Of Washington, D. C.

I have seen several articles in the "MEDICAL AND SURGICAL REPORTER" on that peculiar, and, I believe, heretofore unclassified eruptive skin disease, known by the vulgar name of *army itch*, or the *psora* of the army, the majority of which have referred principally to the therapeutical action of the various remedies commonly employed, or to some particular agent especially applicable, or that has had more the character of a specific than any other in the wide range of the experience of the writer.

I had many opportunities during the war to examine and treat this harassing disease from its mildest to its worst form, especially at the U. S. General Hospital at Annapolis, Maryland, where (considering the large number of paroled officers and men constantly arriving from the Southern prisons, which, from their over-crowded condition, want of proper hygienic regulations, and other surroundings, were not particularly, it may be believed, conducive to the healthy action of the skin, or remedial to any of its diseases,) it was more fully developed—probably better exemplified, and could be seen under more favorable circumstances, so far as its influence upon the constitution was concerned, when attended with all the depressing influences of imprisonment and prison life, as well as under more enlivening conditions than, it may be, at any other hospital or rendezvous not similarly situated.

I must, however, with a great many, confess that even after all the experience had, in civil and military practice, in every sense, I was not always sure of my mark in treating it; nor do I believe that its exact nomenclature, pathology, and the therapeutics applicable to it, has been so certainly written as one might at first sight suppose. I will not, therefore, at present review or criticise anything that has been written on "army itch," but will hastily, and in a few words, run over a few items or topics connected with it, and give you in conclusion—which is my principal object in writing this—what I have used most successfully in curing it.

As a disease, I think it may be classified very properly under the head of *Eczema*. It comes nearer to that affection than any of the classifications of dermatologists. If you examine the symptoms, course, terminations, etc., of *eczema*,

carefully, I think you will find, if not every symptom exactly similar, many parallel points which resemble each other in a marked degree (except perhaps that of its non-contagiousness), especially in its chronic form, a reference to which is probably necessary in order to witness its similarity. Both are vesicular—the vesicles crowded together in irregular patches, their contents consisting of a transparent lymphic or serous exudation, with or without basic redness, according to the degree or extent of the disease; which rupturing, their contents exude, excoriate the skin, forming crusts, or are capable of propagating successively new crops, thereby materially increasing the extent and intensity of the disease. Both are capable of producing a high degree of irritation of the system, causing loss of vigor, restlessness, sleeplessness, loss of appetite, and its associate, enervation; and are accompanied by all those distressing sensations which are designated by the terms, intolerable burning, tingling, itching and stinging, and both are prone to assume the chronic form. In regard to this latter condition, we are rarely ever called to treat it until after it has existed for some weeks, perhaps months—very little notice being taken of it in its first attack. Perhaps it may be dissimilar in regard to the parts of the surface mostly affected. In the disease under consideration we find it principally on the hands and fingers, on the elbows, and scattered from the axilla to the wrist, in distinct red spots and vesicles, on the nates or buttocks, particularly in the popliteal space and about the ankles. It is often also spread irregularly over the whole body. I have seen it so extensively spread over the seat and about the anus as to render the recumbent position even, only tolerable, and then, on the anterior part of the body; and the hands and elbows so stiff from the crusts, and painful from the intervening fissures being excoriated by the exuding contents of the vesicles, together with the insufferable itching accompanying it, as to render it scarcely within the bounds of possibility that the patient could support himself under the excessive nervous irritation it produced. But the parallel may be run so far as to include its termination in desquamation, or in a scaly or furfuraceous disease succeeding the primary vesicular, and a final restoration of the skin, after months or years, to its normal condition.

Whatever dermatologists may say in regard to its particular seat in the skin, whether in the cutaneous follicles or epidermic or hypodermic tissues, or what not, that is a matter yet to be settled. I regard it as a contagious, vesicular

skin disease, the vesicles without insectiform contents, but containing a highly excoriating limpid fluid, non-febrile, but capable of causing a high state of systemic irritation, and capable of extending itself by contact illimitably. It may attack the high or the low, the rich or the poor, the young, the middle-aged, or the old. In every condition and class of society it may enter. The infant at the breast is as liable to it as any other member of the family. The whole family may suffer at once.

In regard to the causes, these are uncertain. In the army, where so many cases occurred, from which circumstance it has received its vulgar name, it was supposed to originate from various causes. Want of cleanliness—the opportunities for which were so infrequent, especially on long or continuous marches—and the influence of the direct rays of the summer sun, continuously day by day, while the skin was in a relaxed condition, and the follicles encrusted and closed perhaps by the accumulations upon its surface, and the body fatigued, and unable to resist the high temperature it was compelled to bear; together with the diet, the necessarily insufficient nourishment or pabulum, obtained for the great labor performed, were considered some of the causes. Probably it existed to a greater extent among the paroled prisoners of war than in those who continued with the army. If crowding together, filthy habits, want of cleanliness, and opportunities for cleanliness, insufficient and unhealthy or improper food, with all the vices and proclivities of a prison life, during incarceration as a prisoner of war, are causes for the disease, surely we cannot wonder that it was so wide-spread, or that it attacked with such intensity, either by fomites or bodily contact, wherever it could have a lodgment under circumstances favorable to its growth. From this grand nucleus it certainly spread throughout every community, through the great thoroughfares leading to and from the army into almost every household. It is very possible it may be a disease peculiar to large armies, and therefore it may be very properly named. It is not uncommon for diseases of various kinds to follow armies. It is not necessary to enlarge upon this point, however, as the limits of this article will not permit of such extension, but by referring to histories of great campaigns it will be sufficiently elucidated, I think, to justify the assertion. This disease was certainly an epidemic during the late war, especially at points contiguous to large bodies of troops, and has ceased to be so since its close, and the return of the soldier to civil life.

In conclusion, then I will say, I have not discussed its exact place in the nomenclature of dermatologists, but have simply mentioned some points of resemblance between it and eczema, particularly in its chronic form; nor have I, considering it a disease *per se* or *sui generis*, ventured to give it a suitable name, that will fix upon our minds at a glance its true character, unless I should call it *eczema exerciti*—or *exercitorium*. I have only, in my view of its nature, given a definition in outline, that will carry with it an approximate idea of its pathological conditions. Its causes, also, I have considered uncertain. Whether they belong to those local influences, from which originate all contagious or zymotic diseases, or belong to those that are more properly general and atmospheric, I have not now attempted to prove; though there is more to convince us that it has its origin in impurities of localities, and of persons, especially in crowded ill-ventilated, filthy apartments, than in general atmospheric condition. Its course and termination, I consider, if left to itself, is very uncertain, and that it may become epidemic under favorable circumstances, there can be but little doubt after the ample experiences and opportunities all have had to see and treat the disease in the last five years.

Finally: I have but a few words to say upon the subject of the treatment. Nearly every practitioner under whose observation the disease has come, has had his particular remedy or mode of treatment, and in offering another plan it may probably be equally said of me that I have my hobby. I must say, however, that I have no hobbies—never have believed in them, nor in specifics, nor in anything that will cure everything; yet, I believe there is no remedial agent in the materia medica that has so general an application to the various “ills that flesh is heir to,” as the one I shall suggest. In the treatment of this disease, I believe I have gone through the list of medicaments recommended for it. I have used sulphur ointment, iodide of sulphur ointment, sulphuret of lime in solution, corrosive sublimate, yellow wash, black wash, muriate of ammonia in solution, solution of chloride of calcium, solution of chloride of sodium, a combination of glycerine and sulphur, solution of iodide of potassium, and various other reputed adjuvants, and recommended the various medicated baths, popularly employed, besides enjoining frequent ablutions, and thorough cleanliness externally, with the internal administration of some of the above preparations in some form or other, with FOWLER's solution, DONOVAN's solution, and opium in some form, and

persisted in them continuously for various periods, and I must say I have not had that success I might have anticipated after such vigorous treatment, not near as much as I have had with that simple remedy—I know you will smile when I say it—known under the name of glycerine. After many trials and failures under the heroic methods of treatment, it soon became apparent to me, that it was strictly a surface disease, rendering the skin highly sensitive to external impressions, of itself, and by the very acrid properties of the exuding contents of its vesicles, and that any caustic or irritating application made to the surface, not only increased the intensity of the irritation, but indeed carried it beyond irritation, to often a highly inflamed condition, but rendered the constitution more liable to a general sympathetic irritability, amounting almost to disease.

With this view of the case, I abandoned all former preconceived ideas concerning it, with all applications that would have a tendency to irritate the surface, and all immediate constitutional alterative treatment, and resorted to the simple plan of giving an occasional saline aperient, enjoining strict cleanliness, by frequent full bathing in tepid water and fine soap, a non-stimulating diet, and the application, twice daily, of equal parts of glycerine and olive oil, thoroughly mixed, by means of the palms of the hand, the mixture applied from them immediately to the parts affected; or the glycerine may be thoroughly mixed with the oil in a glass or porcelain mortar, or by agitation in a large vial, and applied as any ointment of a semi-fluid nature. And from the result—whether the treatment be considered empiric or not—I have reason to be satisfied with the effort, and would now feel quite as certain of relieving a case of the disease, of however long standing, with this simple treatment, as I would of arresting a paroxysm of intermittent fever with any of the preparations of quinine, and in quite as short a period. The addition of the olive oil makes it more soluble, more permeable, more easily applied, and obviates that gummy feel that is often experienced when applied alone.

— MEDICAL HUMOR.—At a late medical dinner in London, Sir CHARLES LOCOCK, who has been nearest to the Queen in some of her most trying moments, was facetiously toasted as the “earliest friend” of the rising members of the Royal family. He was also congratulated on the honors he had attained, after numerous and arduous “labors,” and as her Majesty was at a loss what additional title to confer, the company suggested “Lord Deliverus!”

CASE OF ABSCESS OF THE LIVER.

By JAMES B. BURNET, M.D.,

House Physician at Bellevue Hospital, New York.

Thomas Brown, a native of England, forty years of age, and a blacksmith by occupation, appeared some months ago at a medical clinic of one of our city colleges. From him was elicited the following history:—Father is dead, but the cause of death is unknown. There is no known hereditary predisposition to disease in the family. He has lived in this country for eighteen months, and in the West Indies, which he left in 1856, for ten years. Whilst there he was taken with pain in the right side under the free border of the ribs, which pain still continues. It is not constant, however, continuing for two or three weeks at a time, and then sometimes going off for three or four months. Never had yellow fever, but had dysentery while in the West Indies. He is troubled with flatus and subsequent diarrhoea, and has been so for twelve months. Never had venereal disease—never had any cough or spitting of blood. On one occasion, after he had had the dysentery, he had a heavy tar-like discharge from his bowels. At that time he vomited a greenish-looking material. Never vomited any thing that looked like coffee-grounds. He never was a sailor, but was a soldier for one year and five months in the English service, in the West Indies, and was discharged on account of the pain in his right side. This was nearly eighteen years ago. Twelve months ago, he procured his discharge from the United States Army. He had the chills and fever near Washington, where he was encamped. For the past two or three years, when the diarrhoea was not upon him, he has been troubled with persistent constipation. His feces are sometimes quite white, and again at times they will be very black. His urine is high-colored and has a reddish sediment in it. When he has his bad attacks of pain in his side, he is jaundiced, but feels well between these attacks. Has lost flesh rapidly of late. Does not indulge at all in alcoholic potations. Last Saturday the pain in the side became much worse, and with it he has since suffered exceedingly. The pain was never so severe as it was on last Saturday, four days before. On Friday and Saturday night he had a chill, and a great burning in his head. It hurts him to lie on his left side, as he then feels a weight pressing down upon that side.

Present Condition. He has an anxious face—one indicating some organic disease. He looks somewhat like one suffering from carcinoma. He has a yellow tinge, as if there might be some-

thing the matter with his liver. His pulse is almost imperceptible, small, frequent, and feeble, and 118 in the minute. His skin is unnaturally hot, and rather moist. His tongue is coated with a heavy white coating, and is disposed to be yellow in the centre. The tip is not dry. The eyes are of a blue tinge, but not yellow. The countenance is slightly tinged with yellow. The body is not particularly jaundiced, but is a good deal emaciated. The respiration is almost entirely thoracic. He uses the abdominal muscles but little. It is not hurried. The apex of the heart beats in its normal place, but the impulse is feeble. On percussion of the lungs, anteriorly there is slight dulness on the right side, but not unnatural dulness. Percussion posteriorly of the lungs gives a normal resonance on both sides. Lung tissue is healthy. There is nothing wrong about his heart. On exposing his abdomen, a marked prominence is seen in the right hypochondriac region, extending to the middle line. As he lies down, the prominence does not disappear. It extends below the umbilicus far to the right and to the left, as far as a line let fall from the left nipple. It has a feeling of fluctuation. There is not much tenderness over it. It has not the smooth, regular outline of the healthy liver. It is not as smooth as a fatty liver, and he does not give the history of one. We do not get fluctuation in a fatty liver, and the patient is much inclined to sleep, and we are apt to find more jaundice than this man presents. In waxy liver you would have ascites, but there is none here. This is not a hard tumor. In cancer of the liver you will also have ascites, and besides, this man's face does not present the true cachexia of cancer. Only for the last three or four months has the enlargement been going on rapidly. It has lasted too long for cancer, which generally rapidly kills. If it were an abscess at the beginning, it would have ended long ago. For four days it has increased with great rapidity. Now for an opinion. This man may have had acute hepatitis in the West Indies. This chronically enlarged liver probably has troubled him for these eighteen years. The former attacks have nothing to do with the present attack. We must decide this then to be an *abscess of the liver*. This abscess points about two inches from the free border of the ribs, and $1\frac{1}{2}$ inches from the median line. It is better to let nature open it, if she will. If it spreads, and he suffers much pain, it may be necessary to open it. Poultices would probably do no harm, and therefore we will allow him to keep on with his flaxseed poultices. His chances of living are about equal. If he suffers much pain, give him

opium. Such was the case as it was presented to the class, and such the diagnosis made by a distinguished diagnostician.

The next week our patient again appeared at the clinic. Since his last appearance, he has suffered greatly; he cannot sleep on account of the pain, which is worse during the night. He has had no chills since last week. Bowels are more regular. To-day he is better than he has been during the week. He does not look any worse than he did last week. He has continued with his flaxseed poultices. His side is of about the same prominence, but the tumor is enlarging downward and to the left. It reaches to within $1\frac{1}{2}$ inches of the crest of the ilium. There is a distinct sense of fluctuation. It seems on further inspection to be a little more prominent toward the left side than it was last week. He says it pains him most to the left. The lower outline is gotten much more distinctly than it was before. The pulse is the same in character and frequency. He has no fever, and feels about the same as last week. Keep on with your poultices, and put laudanum in them if much pain is present. Probably it will break externally.

The next week the man again appeared at the clinic. He is more yellow, and much worse than ever before. Rapidly he has failed. The tumor is more prominent, and is increasing to the right. It is one-third larger than it was last week. He has much fever, has had chills, has sharp pains in his abdomen, and is getting up a localized peritonitis. Already his system is much affected. He is now sent to Bellevue Hospital.

At Bellevue Hospital he was seen by several distinguished practitioners, and the diagnosis already made was confirmed. Becoming dissatisfied, the man left the hospital and entered another well-known institution. Here the diagnosis of *impacted feces* was made, and the man given a powerful cathartic. After a free evacuation the tumor was found to have entirely disappeared. Most unfortunately no examination was made of the discharge from the bowels. The man rapidly recovered. Several weeks afterward the patient appeared for the last time at the same clinic, and was again examined by the same professor. Some tenderness still remained, and the liver was still considerably increased in size. There seemed to be no reason for changing the original diagnosis. The opinion of the professor was that the abscess had broken into some portion of the intestinal canal, which event had been precipitated by the stimulating action of the cathartic. The result was certainly most fortunate. The man's general appearance had greatly improved. We

will merely add that we had an opportunity of carefully examining the case upon the first appearance of the man at the clinic, and *were perfectly satisfied, and are still, with the correctness of the original diagnosis.*

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
November 21, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Operation for Cataract.

Robert H., æt. 60. He has been blind in the right eye about two weeks. This blindness came of its own accord, and suddenly, although the sight has been failing gradually for several years. There is a slight perception of light even now. The left eye is completely blind, in consequence of a former injury. Dr. PHYSIC, the father of American surgery, removed from it a small piece of steel. The pupils are slightly dilated under the influence of atropia.

The bluish appearance and the size of the lens, and the history of the case, induce the belief that the cataract is a comparatively soft one. The pupil is perfectly natural; before it was dilated, it was movable. There is no complication with iritis, and from the fact that the man has a perception, though faint and indistinct, of light, the inference is, that the retina is in a condition for the performance of a successful operation. This is the more indicated, because of the irremediable blindness in the other eye.

This operation may be performed by comminuting the opaque crystalline lens and capsule, and pushing the fragments forward so as to submit them to the influence of the aqueous humor. This is the operation by division or solution. There is another operation, that by couching or depression, which cannot be too pointedly condemned, because the displaced lens acts as a foreign substance, dissolves the vitreous humor, and is thus brought in contact with the retina and choroid coats, exciting inflammation and disorganization, eventuating in total loss of sight. A third operation is that of extraction, by which the lens is removed through an incision in the cornea.

The operation of comminution was performed by means of HAY's cataract-knife, which was introduced at a distance of about two and a half lines behind the cornea, a little below the horizontal axis of the eye, to avoid the long ciliary artery. Entrance was effected without the slightest difficulty, and the instrument brought in contact with the lens, which was thoroughly comminuted, care being taken not to interfere with the margin of the iris.

The lids were closed with isinglass plaster, and precautions enjoined to keep the inflammation within proper limits. He was ordered to take immediately one-third of a grain of morphia, which is a matter of paramount importance after an operation of this kind, to prevent rigors and

pain, and induce sleep. If too much inflammation should supervene, a few leeches may be applied, not to the lids, because of the presence there of a large amount of cellular tissue, which would be infiltrated with blood, but to the temples. This operation has occasionally to be repeated, which should not be done under three or four weeks, or until all the inflammation consequent upon the first operation has subsided.

Tri-lobed Ear.

Miss F., æt. 20. The left ear is tri-lobed, caused by the ear-ring being torn out forcibly.

The operation for the removal of this deformity involves the same principle as that for hare-lip, and consists in paring the surfaces of the lobes, and then approximating them by suture.

The parts were pared with the scissors, and four raw surfaces thus obtained, which were then brought accurately together by means of two sutures; one twisted, extending through the three lobes, and one interrupted, extending through the edges of the two lower ones.

Recovery from Traumatic Tetanus.

Wm. H., æt. 21. This case is an extraordinary one. Prof. Gross saw him in consultation six weeks ago. Two weeks prior, the patient had had the misfortune to break his little finger, between the tongue of a hose carriage and the wall of a house. An attempt was made at conservative surgery. At the expiration of a fortnight symptoms of tetanus supervened. When Prof. Gross saw him several days after, he found him with a wedge between his teeth, to prevent injury to the tongue, and enable him to swallow such food and medicine as were ordered. His head was thrown back, and he was an object of great suffering and commiseration. He could not lie down at all, day or night, for two weeks; at the very moment his head touched the pillow he was thrown into violent spasms. He had little or no appetite, and considerable thirst. Prof. Gross saw him in consultation every other day for a while, and at last twice a week for upwards of a fortnight. Finding that the finger was a source of great suffering, it was removed at the second visit, and the whole limb wrapped up in a strong solution of sugar of lead and opium, under the influence of which, and constitutional means, the inflammation rapidly subsided, the swelling and pain disappeared, and the limb became comparatively comfortable. Internally, he took one-half a grain of morphia, some three or four times in the twenty-four hours, along with quinia, the tincture of the chloride of iron, and nutritious food, in the form of beef essence, together with an abundance of milk punch. Gradually, the tetanic symptoms subsided, and ultimately, they entirely disappeared. He has now been perfectly free from them for three weeks next Saturday. He has improved in flesh, sleeps well, and has a good appetite.

Traumatic tetanus is usually fatal at a period varying from a few days to several weeks. Only two other cases have been seen to recover by Prof. Gross. One was that of a man in Kentucky, who had the misfortune of injuring one of his fingers. After the symptoms of tetanus

nus supervened, Prof. Gross was called to see the patient. Amputation was performed, and he was put on local and constitutional treatment, of a character similar to that of the case just referred to; and although the symptoms lasted for a week longer, yet the man got entirely well. The other case occurred in a little child, living a few miles back from Louisville, who, in falling from a fence received a punctured wound, by coming in contact with a splinter, which entered the face below the eye. Symptoms of tetanus soon after made their appearance. When Prof. Gross was called to the patient, they had been in progress a number of weeks. An excision was made, the splinter extracted, and the child made an excellent recovery.

Medical Societies.

RHODE ISLAND MEDICAL SOCIETY.

The semi-annual meeting of the Rhode Island Medical Society was held in Warren, Dec. 19th.

The President, Dr. OTIS BULLOCK, of Warren, presided. About forty members were present.

Drs. WM. H. PALMER, and PAUL REDFIELD, of Providence, and HENRY L. HAMMOND, of Pawtucket, were admitted as members of the Society.

Dr. HENRY PIERPONT, of New Haven, a delegate from the Connecticut Medical Society, and Dr. HORATIO R. STORER, of Boston, were present, and were introduced to the Society.

The semi-annual oration was given by Dr. MORTON, of Pawtucket, who enforced the importance of free ventilation for the preservation of health, and in the treatment of disease.

The subject of criminal abortion was introduced, and much feeling was expressed, with particular reference to a recent event in Providence.

Dr. STORER, of Boston, who has given much attention to the subject, spoke eloquently, and at length, upon it.

Drs. SNOW and C. W. PARSONS, of Providence, and Dr. ARIEL BALLOU, of Woonsocket, were appointed a Committee to present resolutions for the action of the Society, and also to memorialize the General Assembly upon the subject. The Committee subsequently reported the following resolutions, which, after discussion, were unanimously adopted:

1. *Resolved*, That the increasing frequency of criminal abortion justly excites the alarm of thoughtful citizens, and especially of physicians as guardians of the public health.

2. *Resolved*, That the life of the unborn child, at any period of gestation, should be held sacred, and its wilful, unnecessary destruction, in the view of the Fellows of this Society, is murder.

3. *Resolved*, That we deem it our duty, as representing the medical profession of the State, to offer our earnest remonstrance on this subject, and to endeavor to contribute to the formation of such a public sentiment that criminal abortion shall not be regarded as a venial offence.

4. *Resolved*, That the General Assembly be petitioned, in the form of a Memorial from this

Society, to amend the laws of this State in such a manner as to mark criminal abortion as a heinous crime.

Drs. BULLOCK, ELY, COLLINS, U. PARSONS, DUNN, MAURAN, CLAPP, BALLOU, and MASON, were appointed delegates to the annual meeting of the American Medical Association, to be held in Cincinnati, May, 1867.

A paper prepared by Dr. L. A. MARTIN, of Bristol, upon the cases of cholera in that town, in September; and a paper by Dr. SHAW, of Wickford, upon puerperal convulsions, were presented and referred to the Committee on Publication.

Dr. STEPHEN D. KEENE, of Providence, was appointed the orator for the next semi-annual meeting.

At two o'clock the members of the Society proceeded to the residence of Dr. BULLOCK, the President, where they were entertained with most elegant and sumptuous hospitality.

BALTIMORE MEDICAL ASSOCIATION.

September, 1866.

Reported by J. W. P. Bates, M. D.

Subject for Discussion—Diphtheria.

The discussion was opened by Dr. KINNEMON, as follows:

There has been a great deal said about diphtheria,—some true, but a great deal not true—about sore throat, &c., and there can be no diphtheria without sore throat. Some say that it and scarlatina are one and the same disease; others that it is a disease *sui generis*. This is my opinion. I have seen the membrane cover the whole surface of the throat; destroy it by caustic and in half an hour it would be reproduced. I have seen cases of diphtheria, so called, without this membrane, but I have never seen a case of scarlatina with the membrane. The symptoms of the invasion of the two diseases are different. No eruption in diphtheria. Scarlatina ushered in in twenty-four hours after exposure; bad cases may commence with convulsions; have never seen diphtheria commence in that way. The condition of the tongue is different; I have not seen the elevated papillæ in diphtheria. Sometimes we meet with cases in which the two diseases are interchangeable. I remember attending a family in which one child had diphtheria and recovered; another contracted the disease and died without any symptoms of scarlatina; whilst a third had scarlatina without any symptoms of diphtheria. I do not know how to explain the sequence.

Authors say that after the membrane is formed in diphtheria the case is necessarily fatal. I attended a girl, about nine years of age, taken with all the symptoms of this disease and apparently nigh unto death. I trusted most to tonics. As a local application I used cupri sulph. (gr. x ad aquæ f. 3j) and by means of a mop carried it as far down as I could. The child began to cough and the membrane was dislodged. I told the mother that it might be reproduced, but it was not, and the child recovered.

Dr. ARNOLD. I was under the impression that a differential diagnosis of diphtheria was no longer *sub judice*, because the symptoms of scarlatina

are so well marked that a mistake can hardly be made. The membrane, invasion, and sequelæ are entirely different. The membrane of diphtheria can hardly be called a membrane—it hardly ever loosens. I have found it on the labia minora, in the vagina, and lining the nostrils. If we are called to the case before the membrane forms, the throat looks purplish, tending to brown, with sometimes little clots of blood. The margins of the tongue are serrated. Ulceration often takes place. The fauces may get entirely well yet the patient dies, which proves that topical applications are useless. We know this condition of the throat may take place and yet no croupy symptoms. The disease is often ushered in without fever—at other times with high fever. I remember attending a case in which the most complained of was that the child would not nurse. Its throat was engorged, turgid and purplish. It did not die from asphyxia—there was collapse and it died exhausted. In regard to the sequelæ. If blisters are applied to the throat the raw surface becomes covered with a peculiar membrane which is very thick and leathery. Some cases are followed by hemiplegia, and get well on quinine and iron. We all know the treatment is very unsatisfactory. We see patients get well under all kinds of treatment, and no treatment. The profession cannot boast of its success. Mild cases get well, severe ones die, as in typhoid fever. I have been under the impression, recently, that there is a great similarity between diphtheria, erysipelas and puerperal fever. There appears to be blood-poison in all these diseases. In this one we cannot tell why it locates itself in the throat any more than we can give the reason of Peyer's glands being affected in typhoid fever. The treatment should be adapted to each case, though the therapeutics of the disease is very unsatisfactory. Genuine diphtheria is almost universally fatal, and highly unmanageable. If here and there one gets well, I shall not accuse myself of having cured it.

Dr. FAY. I have been thinking over two or three cases which came under my notice, the prominent features of which I will touch upon. The first question that arises is, is it a local disease? I think not. Is the pseudo-membrane the principal symptom? I have met with cases in which it did not appear for twelve hours after the disease set in. I knew it was a case of this disease from the membrane appearing afterwards, but I could not diagnose it at the time. I recollect the case of a man in the military hospital, who was taken with choking symptoms, struggled violently—seemed like a case of spasmodic laryngitis. After the application of some remedies he obtained relief. Still had some feeling of stricture of the throat, which was relieved by a couple of leeches. Examined the throat, no false membrane, but the throat turgid. Next morning the membrane very thin, removed by *tr. ferri chloridi*. Continued to re-form about once in three hours, but the iron never failed to remove it. Having had some sad experience in this disease, I gave him some of the strongest tonics and as many of them as he could bear. Another case which shows the disease is not a local one. A man attacked with this disease, had an ulcer on his body which became quite as thickly covered

with false membrane as the throat. Another man had his leg amputated and labored under diarrhœa which enfeebled him very much. After it ceased diphtheria set in and spread over the tonsils, but was removed by iron. During the progress of the case the false membrane appeared on the unhealed portion of the stump.

I have seen this membrane in the nares—the patient did not die asphyxiated, for it did not extend into the trachea far enough to interfere with the breathing.

Dr. DONALDSON. Dr. ARNOLD thinks that under all treatment severe cases will die. I cannot agree with him. We can do much in averting the tendency to death. During the first ten days the tendency is to death by apnoea and asthenia. In some cases there is great loss of strength as early as the fifth day. By the timely administration of tonics, as milk, beef-tea, alcohol, etc., the life of the patient may be saved. Where the tendency is to death by apnoea we may avert death by opening the trachea. In regard to the sequelæ. Paralysis may affect the pharynx and the par vagum may not perform its functions. Frequently strychnia, ergot, galvanism, are of use. The use of mercury to prevent the deposit of the membrane is detrimental, and there is no difference of opinion upon that point.

Dr. CURRY. I recollect, some years ago, treating a case that corroborates the statement of Dr. DONALDSON, as it recovered under the use of quinine, beef-tea, etc. No deposit in the larynx, but some in the fauces. Afterward there was paralysis, vision affected, staggered when walking, could not control the muscles of the arm. I gave strychnia; after ten days, improvement began, and there was no trouble afterward.

Dr. ARNOLD. I would like to believe that bad cases ever get well. I have seen cases get well, but my cases were like FALSTAFF's sack and bread. None follow WOOD's mercurial treatment, but all use tonics, for the same reason that typhoid fever is treated by brandy. No statistics give us the right to say that the extreme cases are cured. It is hard to decide between cures and recoveries. We treat this disease on general principles, because it is combined with asthenia, because the general symptoms seem to require it. We cannot point to any very satisfactory results from our treatment, as the disease is almost beyond our control. I agree with Dr. DONALDSON; but I doubt whether he has any brilliant results to offer. I do not recommend the expectant treatment. SYDENHAM says there are more false facts than false theories. If the tonic treatment was recommended, because of its peculiar success, it would be different, but when used on account of the symptoms, it has nothing to recommend it. No treatment changes the ratio of deaths to recoveries. I pursue the treatment of Dr. DONALDSON, but I do it without any great hope of cure. The pathology is better known than the therapeutics, which is the great thing.

Dr. WILLIAMS. It is hard to meet the line of argument of Dr. ARNOLD. Some get well with no treatment; others will die under any; but many cases, and bad ones too, get well. We can-

not say that we do not cure. It is hard to say whether we cure or not. We cannot say that a case is going to result in a malignant one, which Dr. ARNOLD says is almost invariably fatal, but we hope to arrest it before it proceeds so far. I remember seeing a child tossing about the bed with all the symptoms of this disease—much prostrated, and almost pulseless. Tonics and chlorate of potassa were used, the restlessness was calmed, and the child got well. I should say that case was cured. There is no greater misfortune than to shake the public confidence in the efficacy of remedies; it not only shakes the confidence of the patient, but also of the physician himself. This disease is one of blood-poisoning, cause not known; we only know its effects. The first result is extreme asthenia. In regard to the similarity to scarlatina. I attended a young girl for diphtheria, which seemingly would not get well. Four days afterward, the eruption of scarlatina appeared, and the body was completely covered. I knew it was diphtheria, for it was epidemic in the school which she attended, and her room-mates had it. This seems to establish a similarity between these two diseases. They are both zymotic diseases, and I treat them alike. Eight out of ten of the cases that I have seen, get well. Dr. ARNOLD may say that most of them were mild—so they were; the disease was arrested, and they recovered. I cannot say what would have been the result, if no treatment had been instituted. Most of the deaths are from asthenia, few from asphyxia. We have been driven to tonics by experience, not by theory; and, therefore, are justified in using them. Is diphtheria contagious or not? This is an important question. I was firm in the conviction that it was not; but some cases that I have seen in the last twelve months, have rather shaken my belief. I have seen it go through schools and families. In a school in Madison street, everybody had it—it went through the school, and then through the family of the principal.

Dr. HARTMAN. When I see a case of this disease, I always think that there is some blood-poisoning. I cannot tell any more what it is, than I can tell what the poison of scarlatina or typhoid fever is. All will say, that we do good in those two diseases; and if in them, why not in this also? I use tonics—chlorate of potassa and acid muriat. in the early stages; when more advanced, carb. ammoniæ. Soon as the membrane is formed, I use it. In four cases I am positive about its value, as in all of them false membranes were dislodged. I gave four grains every two hours, alternating with emetic doses of sulph. copper. Lime-water will dislodge this membrane. Five or six years ago, it was mentioned in *Braithwaite*. We give it to act on fibrin, and why not on this membrane also, although this is a specific membrane. I have not seen as many cases as some say they have, but I have seen many benefited by the ammon. carb. Anæmia generally appears after six or eight days; use then tr. ferri chlor. In the paralysis following, I use ferri et quiniæ cit., in all cases successful. I have not used strychnia. I think diphtheria can be cured; not in all cases, however.

Dr. FAY. Does Dr. HARTMAN think, or has he reason to believe, that carb. ammon. will dissolve the false membrane as well as lime-water will?

Dr. HARTMAN. I have not tried that experiment. I have used inhalations of lime without benefit. Whether the ammonia acts on the membrane, or on the blood, I cannot say. Yet I think it has some positive effect.

Dr. ARNOLD. I wish to clear myself of the imputation of weakening the confidence of the community in the medical profession. Scepticism is the opposite of dogmatism. In regard to the fatality of the disease: WEST and CONDIE say it is "extremely dangerous;" WATSON, "highly fatal;" ROMBERG, "it is no disease; it is death." I am glad, gentlemen, you find it so easy to get over. If a disease is new to us, we must treat it on general principles. Wood considered it inflammatory, and gave calomel; we consider it asthenic, and give tonics. It is a general confession, that we have much to learn. In diphtheria, it is a desideratum to produce a cure. If a few doses of chlorate of potassa have such a remarkable effect, I am glad to hear it. I have used it, but it has not proved so successful. In fifty cases of genuine diphtheria, I am free to confess, I do not believe I have saved two. Mild cases will get well, as will mild cases of all diseases.

Dr. DONALDSON. I did not accuse the gentleman of scepticism, but of putting all modes of treatment upon the same basis. In regard to cure—I do not believe we ever cure, nature cures; but we may save life, as when there is asphyxia, by opening the trachea, etc. I did not say we could neutralize the poison, but we may conduct the case to a safe issue by the tonic, or rather the restorative treatment.

Subject continued to the next meeting.

EDITORIAL DEPARTMENT.

Periscope.

Gunshot Wound of The Spinal Cord, and the Ball found in the Ascending Aorta.

This case is communicated by Dr. DE SAUSSURE FORD to the *Southern Med. and Surg. Journal*. We give the main facts of the autopsy. The track of the ball passed through the base of the transverse process of the sixth dorsal vertebra, and thence into the body, wounding the spinal cord and its membranes. Passing through the body of the vertebra, it left some spiculae of bone in contact with the membranes of the spinal cord. In examining the heart, the ball was felt in the ascending aorta. The left ventricle contained an ante-mortem coagulum, extending toward the aorta. The inner surfaces of the ascending aorta and its arch were of an intense, deep, vermilion color, which extended throughout the entire substance of the arterial coats; the same appearance was found in the arteria innominata, but left subclavian and carotids were natural in color. At the base of the left

ventricle, at the junction of the pericardium with the aorta, there was an irregular opening in the external tissues, and in the aorta, corresponding, there was a slit of sufficient length to allow the passage of the ball. It was determined that the ball entered this irregular opening of a circular form, which was in the posterior portion of the ascending aorta, immediately beyond the semilunar valves, corresponding to the point where the ball was found.

As an important feature of the case, Dr. F. notes the remarkable vermilion color of the aorta and arteria innominata, indicating that the ball probably at each contraction of the left ventricle was thrown forward in the ascending aorta, by the advancing column of blood, up toward the arch, and thus proved a continual source of irritation.

The symptoms immediately after the receipt of the shot were instant paralysis and anæsthesia of the inferior extremities, intense suffering, great prostration, considerable hæmorrhage, say twenty ounces during the first six or eight hours, constant pain in the chest, great thirst. Death supervened on the tenth day, apparently from hæmorrhage.

Strychnia in Anæsthesia.

In a communication of the late Prof. CHEW, of Baltimore, in the *Richmond Med. Journal*, a case is given illustrating the good effect of strychnia in anæsthesia. Patient was a man 52 years of age, in whom sensibility was entirely abolished in the left foot and lower part of the leg, and much impaired for the distance of three or four inches above the knee. In all other parts of the body it was unaltered. The power of motion appeared to be affected only secondarily, as a consequence of the loss of sensation. The patient could move his toes, and had control over all the muscles of the limb, but not feeling the contact of his foot with the ground, his gait was unsteady, and unless his eye was kept fixed upon the foot which had lost sensation, he was liable to fall down.

The forty-eighth part of a grain of strychnia was given in solution three times a day, and after a week there was a very decided increase of sensibility in the upper part of the limb, and some evidence of a return of feeling in the foot. The dose was now increased to the twenty-fourth part of a grain, and continued for several weeks. The degree of sensibility increased steadily and rapidly, until finally there was no apparent difference between the two limbs.

Secretion of Bile in Cholera.

Although from the earliest autopsies made on cholera victims, it was determined that the liver and gall-bladder were almost always found in a normal state, yet the *idea* that *suppression of bile* formed one of the main morbid phenomena of the disease, was universally in vogue among practitioners, and is yet held by many prominent physicians, as a basis of their therapeutical efforts. Hence all authenticated observations on this point deserve notice.

Dr. BARTHOW, of Cincinnati, in his Report to the Board of Health, which embodies his pathological and experimental observations on cholera during the late epidemic, and published in the *Cincinnati Lancet and Observer*, says that the liver was found *unaltered*, except in cases of consecutive fever. The gall-bladder was found to contain bile in the usual quantity, and there was no obstruction to the entrance of it into the intestine; indeed in almost every case bile was found in the small intestine, but unaltered in its physical and chemical characters.

Pilulæ Metalorum et Amarum.

Dr. HUMPHREY PEAKE, of Visalia, Cal., gives the following formula for a tonic anti-malarial pill:

R. Quinæ sulphatis,	ʒi.
Ferri redacti,	ʒss.
Strychniæ,	
Acidi arseniosi,	aa gr. iii.
Confect. rosarum,	
Vel mucil. acacia, q. s. ut ft. pil. lx.	

On Diseased Conditions of the Knee-Joint,

is the title of the Jacksonian Prize Essay for 1865, by WM. PAUL SWAIN, now in progress of publication in the *Brit. Med. Journal*. In the discussion of operative interference in knee-joint disease, Dr. S. has interesting remarks on excision. The condition of the patient after excision of the knee is such, that great demands are made upon his reparative powers, and upon his ability to resist the severe suppuration that frequently follows. Freedom from any other exhaustive visceral disease is a *sine qua non* of the operation. It should be a golden rule—one of the few without exceptions—that *tubercle of the lung contra-indicates excision of the knee*. In rheumatic disease of the joint, the condition of the heart must be ascertained; atheromatous deposit in the arteries is a grave objection to the operation. The urine should be tested; as the presence of BRIGHT'S disease will materially interfere with the after-progress of the case.

As a rule, recovery from excision is a much longer process than recovery from amputation. It should not be practised on children *under the age of ten years*. For generally, where disease requiring excision is present, the limb has already been much checked in its growth; and if excision be performed on a limb already smaller than its fellow, and growth still further arrested, the result must be, in children under the age of ten, a limb of very little service in after life. Attention is called to an intermediate step between excision and amputation—namely, opening the joint, and examining its condition, before deciding to amputate. There are very few cases of knee-joint disease, except where the constitutional condition of the patient demands amputation, where this plan might not be pursued with advantage. Dr. S. suggests not only to open the joint, but to saw off the articular ends of the bone as well. There can then be no mistake about the diagnosis, and a limb may sometimes be saved, which had previously been condemned to amputation.

Reviews and Book Notices.

A Practical Treatise on the Diseases of the Skin.

By J. MOORE NÉLIGAN, M. D., M. R. I. A., etc. Fifth American, from the Second Revised and Enlarged Dublin Edition. By T. W. BELCHER, M. A., M. D., Dub.; B. M., M. A., Oxon.; Fellow, Censor, Examiner in Materia Medica and Medical Jurisprudence, and in Arts, and Hon. Librarian, King and Queen's College of Physicians in Ireland; Physician to the Dublin Dispensary for Skin Diseases, etc., etc. Philadelphia: H. C. LEA. 1866. 12mo., pp. 462. Price, \$2.25.

Dr. NÉLIGAN's work was first issued in 1852. It was a good book then; it has been much improved now, under the revision of Dr. BELCHER. We are not ready to make a strict comparison between it and WILSON's; but it is smaller than either of the manuals of the latter authority; and this, for more than one reason, is an advantage in the eyes of many readers and purchasers. It contains a very clear and well digested account of cutaneous affections and their treatment; being especially full and practical in its directions for treatment. The design of it is to meet the wants of the "man of one book" on a subject, while its numerous references and excellent bibliographical index will make it useful also to the student of wider research.

In regard to classification, after giving a history of the different plans proposed, including those of HARDY, HEBRA, BUCHANAN, TILBURY, FOX, and BENNETT, the editor of this work adopts a modification of Dr. NÉLIGAN's original scheme. Ten orders of cutaneous diseases are named: *Exanthemata*, *Vesiculae*, *Pustulae*, *Papulae*, *Squamae*, *Hypertrophicae*, *Hæmorrhagicae*, *Maculae*, *Cancroides*, and *Dermatophytæ*; and two supplementary groups, *Syphilides* and *Diseases of the Appendages of the Skin*.

One peculiarity of this arrangement is the naming of one order, *cancroides*. This is a modification of Dr. NÉLIGAN's term, *cancrodes*, adopted by him from Dr. COPLAND. This order is made to include *lupus* and *kelois*. *Morbus Addisonii* is placed in the order *maculae*, in the genus *epithelia*. On etymological grounds, at least, it ought to have had a genus for itself.

On the question as to the essential or accidental nature of the relation between minute vegetative forms and the diseases of the skin which they attend, this work decides against WILSON, and with almost all other authorities; namely, that the dermatophytes are essential. It follows, that to cure the disease, they must be destroyed. For *porrigo*, (*tinea*, *favus*,) the parasitocides he

employs, are carbonate of potash, in lotion and ointment, and after it, iodide of lead.

Dr. BELCHER has added to this book a very interesting discussion of the nature of the leprosy of the ancient Hebrews. The pathognomonic sign of the worst of the three varieties of this, mentioned in the Old Testament, was "bright whiteness," with scales upon the skin. It was, according to Dr. BELCHER, an intense form of psoriasis. The same disease, though seldom of so severe a degree, is yet met with in the East. The present writer saw a woman affected with it in Alexandria, Egypt.

The popularity of Dr. NÉLIGAN's work in this country has been shown by its reaching a fifth edition here, while it has, in Dublin, passed only to a second.

A Treatise on the Principles and Practice of

Medicine; Designed for the Use of Practitioners and Students of Medicine. By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital; Fellow of the New York Academy of Medicine, etc. Second Edition, Revised and Enlarged. Philadelphia: H. C. LEA. 1867. 8vo., pp. 967. Price, \$6; sheep, \$7.

For a large edition of an American medical book to be exhausted in less than six months, is a degree of success which is probably unprecedented. The view taken of the work, after a candid examination of it, which was expressed in our notice of the first edition, was such as to prevent our believing this success to be due to the treatise of Dr. FLINT being the most reliable of guides in practice. With, however, so large a constituency of readers as the work has secured, through the previous reputation of its author, we are not disposed to iterate, any more than we can withdraw the criticisms already made.

A hundred pages have been added in this edition. Pertussis, unaccountably omitted before, is now considered; a page or more has been introduced upon temperature in disease; and the section on pyæmia has been re-written, with improvement; mentioning now Prof. POLLI's antiseptic treatment, by the sulphites and hyposulphites.

Cholera is dwelt upon more at length than in the first edition, New York having suffered from an epidemic during the interval since its issue. Dr. DALTON's summary of the results of its prevalence, is cited from an official report. An extremely interesting example of the prompt effect of sanitary measures in arresting cholera, is given in the words of Prof. F. H. HAMILTON, as it occurred at the workhouse on Blackwell's Island. There, when the disease was at its height, Dr. HAMILTON put an entire end to it in five days, by thorough cleansing, ventilation, and disinfection. This incident ought to be historical.

Medical and Surgical Reporter.

S. W. BUTLER, M.D., Editor and Proprietor.

PHILADELPHIA, JANUARY 5, 1867.

A "NOTE OF TIME."

The clock strikes twelve! We make note of time by the recurrence of the season when we send forth to the numerous readers of the MEDICAL AND SURGICAL REPORTER our annual and semi-annual greetings in the initial numbers of successive volumes. For the sixteenth time we are called on to do this. Volume fifteenth has just passed along, freighted with such an amount of real, valuable, practical, useful information to the profession, as, we believe, was never before collected in this country, or any country, in the same time and space, and *at so low a price*. If our readers want an evening's work, let them sit down, and count up the articles in the invoice. We have not ventured upon it for lack of time—but we know that there are *five hundred and forty pages* of reading matter, and that it was more than one week's steady work of one person to make the index. We did so far indulge our curiosity as to count the number of original contributors to the volume, and they number OVER ONE HUNDRED! Think of all that for *six month's work*!

Well, the next six months?—Will not be one whit behind—ought to be better—WILL BE, readers, if you do your duty. We are constantly at our post. Call and see us. That's all. With the compliments of the season, VALE.

CORONER'S LAWS.

"Dr. GIBBON is, we learn, a candidate for the Coronorship of the City of London. We need, we hope, hardly enforce upon our brethren the supporting of a medical man for such an office."—*Brit. Med. Journal*.

The old English laws regulating the duties and functions of Coroners, are, with slight modifications, those which are also in force in the various States of the Union. That these laws are inefficient in many instances, at least needlessly cumbersome, in consequence of the many formalities and technicalities which accompany them, has been a matter of frequent complaint. The main objection, however, to Coroner's laws is, that the appointment of Coroner is generally by popular election, and that in the turmoil of political agitation and party strife, not only are non-medical men frequently elected to this office, but men who, aside from their want of medical knowledge, are unfit for the position, and under whose ad-

ministration of an office, by no means unimportant, "Coroner's inquests," upon which frequently depends the detection and final punishment of crime, become a farce and a bye-word.

That the Coroner should be a medical man is self-evident. He is notified of the death of a person, either sudden, or under circumstances indicating suspicion of foul play; or a person is found dead, without clue to his identity or previous history. The time has passed when our registries of deaths acknowledge a "visitation of Providence," or "an accident," as a legitimate entry into our bills of mortality. The cause of death, proximate and remote, must be determined to satisfy the demands of the law, and how ridiculous to place the enforcement of the latter in the hands of persons who are unacquainted with the natural causes of disease, decay, or the operation of violent influences which lead to sudden death. Coroners, and Coroner's juries, depend upon medical evidence in their verdicts.

No one, however, who possesses any knowledge of the working of our Coroner's laws, will refuse to admit that in many instances, probably in the vast majority of sudden or violent deaths, which come under the cognizance of Coroners, these cumbersome "*inquests*," with the impanelling of juries, and the *formaliter* examination of a few witnesses, who are generally *medical men*, are simply and emphatically a waste of time, and a useless relic of antiquated legal forms. In France and Germany no such process is known. All preliminary examinations, in cases of death, which here are conducted but too frequently by incompetent men, and juries thrown together by hap-hazard, are there inquired into by commissions regularly appointed, which commissions embrace men of the medical and legal professions, so that from the start, all the light which these respective sciences can throw upon a case is available, and a thorough examination is secured.

With these remarks, we will state to our readers, as far as we know, the only exception in the United States to the old Coroner's law, an exception which the medical profession throughout the country will do well to exert their influence to establish as a rule, as it indicates, in our opinion, a real progress.

Among the acts of the Eighty-fifth Legislature of the State of New Jersey. (1861.) is the following "Supplement to an Act entitled, 'An Act respecting Coroners.'"

"2. And be it enacted, That it shall be lawful for the Board of Chosen Freeholders of the county of Essex, whenever said Board shall deem it best so to do, to elect at any regular or special meet-

ing of said Board, a County Physician from the number of licensed physicians residing in said county, and to pay him such yearly salary for the services rendered by him, as to said Board shall seem just, to be fixed from time to time, as such elections shall be made, etc. . . .

"3. *And be it enacted*, That it shall be the duty of said County Physician to make all post mortem examinations now required by the Act to which this is a supplement, and generally to perform all medical services contemplated or required by said Act; it shall also be the duty of said County Physician, in all cases of deaths in prison, and all violent, sudden, or casual deaths within his county, to take a view of the body, and make all proper inquiry respecting the cause and manner of the death; and all the duties now required by law to be performed by Coroners or Justices of the Peace, in making such view and inquiry, to ascertain if an inquest should be held, shall hereafter be performed by said County Physician, and not by said Coroners and Justices of the Peace; if upon such view and inquiry, said Physician shall be of opinion that there is cause to suspect that the person whose body he has been called upon to view, came to his or her death by murder or manslaughter, or by the contrivance, aiding, procuring, or misconduct of any person or persons, then it shall be his duty to call upon one of the Coroners of the county, or if such Coroner cannot be had, upon a Justice of the Peace of said county, and request him in writing to issue the precept for the summoning of a jury of inquisition, . . . and to hold an inquest, and make return of the same." . . .

This law has been in force now, in Essex county, New Jersey, with its populous city of Newark, nearly six years, and it has worked well. The main feature of the Act, as the reader has seen, is that it places the matter of Coroner's inquests in the hands of a medical man, who makes all preliminary examinations, and upon their results decides whether an inquest is demanded or not. It facilitates proceedings. There is no longer any necessity of notifying the Coroner, who orders one or more physicians to make a post-mortem examination, and of impanelling a jury in almost every case. In all cases of sudden or casual death, the first person notified is a *medical man* competent to examine fully into the case. If he finds a natural cause of death, he grants a certificate; if there is suspicion of foul play, neglect, etc., he orders an inquest. The law here, for once, acknowledges the claims of MEDICAL SCIENCE, in referring *primarily* to it questions which it alone can solve. This exceptional example is worthy of general adoption.

ANÆSTHESIA.

MORTON—the inevitable "Wm. T. G."—is still perambulating the country, imposing on the public and the profession by claiming to be the discoverer of the application of the principle of an-

esthesia to remove the pain of surgical operations. *He knows* that he got every idea on the subject from the unfortunate HORACE WELLS, of Hartford, and but for WELLS, he—W. T. G. MORTON—would have remained as obscure as he has made himself contemptible by his efforts to appropriate to himself honors which belong to another.

The Cincinnati papers contain the outlines of a lecture given by MORTON before a class of medical students, in which he seems to have drawn very largely on his imagination in other things besides the assumption that he made the discovery in question. How do our Boston friends like the rôle they are made to play in this fellow's lectures. We presume though, he has got all the "money and influence" he expects to make off of them!

This man seems to have nurtured his one-idea (getting a heavy appropriation from the government)—and his own magnificence, and fancied wrongs, until his brain is turned. Why *will* our profession longer be imposed on by him?

A series of able articles published in our columns three or four years ago, exposing his pretensions are about to be issued, we understand, in book form. This will place the whole matter in its true light.

THE ETIOLOGY OF EPIDEMICS. PRIZE OF \$250.

Several weeks since we announced the offer of a Prize of \$250 on the above subject, in the following words:

"To stimulate such inquiry, I hereby offer a prize of \$250 for the best Essay on the 'ETIOLOGY OF EPIDEMICS,' which shall be deemed worthy of such reward; the decision to be made by the writer, associated with the three Professors of Theory and Practice in the three Medical Colleges of the city of New York.

"Essays or monographs on the above subject, in competition for the prize, must be founded on accurately kept meteorological and sanitary records, in connection with equally exact records of the prevalence and specific character of diseases. Data must be supplied of an authentic character, by means of which epidemic seasons may be compared hygrometrically, thermometrically, barometrically, etc., with those which precede and follow them." Essays received till January, 1868.

Inquiries having been addressed to us in regard to the matter, we would state that the prize is offered by Dr. CHARLES A. LEE, of Peekskill, New York, and that the conditions laid down in the above card cannot be departed from, as it is the desire of Dr. LEE to have some positive addition made to our existing knowledge on the subject of epidemics.

Notes and Comments.

DISAPPOINTMENT. Subscribers to our *Daily Pocket Record*, who are disappointed in not receiving their copies at the date of issuing this number, will have the consolation of knowing that all their feelings of disappointment and the inconvenience they are subjected to are concentrated upon us as a punishment for trusting too much to doing work in haste during the holiday season. We can only hope that when the Lists are received, they will be so well liked that the inconvenience will be forgotten. The work was commenced as soon as it was possible for us to do so, and has been prosecuted with all the energy we could command. A few days more will see the copies ordered all sent out.

Our Contributors.

We give in this number a Lecture by Prof. BARKER, of New York, on Climacteric Menorrhagia, a very interesting and important subject. We expect to give many lectures and papers from some of the best teachers of Philadelphia and New York—but the great bulk of our contributions will be from country practitioners, whose practical observations are valued highly by all our readers.

The late Dr. N. R. Newkirk.

We have received a very neat tribute to the memory of the late Dr. N. R. NEWKIRK, who died recently at Bridgeton, N. J. He graduated at the Medical Department of the University of Pennsylvania in 1844, and began the practice of his profession in Pittsgrove, his native place, and continued it in Greenwich, whither he removed in 1852, and afterwards in Bridgeton, where he took up his residence, within reach both of Pittsgrove and Greenwich, in 1859. He was at once trusted as a physician, and loved as a friend.

He died in the hope of a blessed immortality.

New York State Inebriate Asylum.

A great deal of scandal has been indulged in of late in the newspapers, in regard to the affairs of the New York State Inebriate Asylum, located at Binghamton. The Trustees appointed a special committee to investigate the charges, and at a meeting held at the asylum on the 17th ult., Dr. WILLARD PARKER presiding, received a report, of which the following is a telegraphic summary:

"The special committee, to whom was referred the investigation of the financial affairs of the institution from its organization to September 1st, 1866, reported that there had been expended by the institution \$401,635.29; and that the accounts

of the Asylum were correct, with the exception of two cents, on which a balance was forced. The Committee appointed July 10th, 1866, to whom was referred the subject of investigating any charges that might be filed in writing with them against any officer of the Asylum, reported through their chairman, that no charges had ever been filed with them, or made to any of the Committee, against any officer of the Asylum."

Clarion Co. (Pa.) Medical Society.

Dr. ISAAC W. MEASE writes us that a medical Society has been organized in Clarion county, in this State, and that several meetings have been held. The Society numbers nearly twenty members.

We are glad to be able to record the satisfactory progress medical organization is making in this State.

Correspondence.

FOREIGN.

LISBON, Portugal, November, 1866.

EDITOR MEDICAL AND SURGICAL REPORTER:

To-day I have spent in the Hôpital de St. José. The average daily number of patients in St. José Hospital is 1550. On the 22d of November, there were entered 34, discharged 22, died 6, cured without being sent to wards 17. The wards are twenty-two in number, large, well ventilated—each ward being named after some patron saint. The ventilation is good, although the hospital itself is built in the most thickly settled part of the city. A part of the building was erected by the Moors; this part is used for store-rooms, it having been thrown into ruins by the earthquake of 1755. The walls of the main building are composed of irregular masses of stone, held together and covered with plaster, and rise to the height of three stories and a half. With the present number of patients, each patient has about thirteen hundred cubic feet of air.

The number of resident physicians is twenty-three, the visiting physicians are twelve in number. One of the visiting physicians, Prof. ANATOLIO PEDROSA, was kind enough to show your correspondent much attention.

The instrument room, museum, and medical library is on the first floor, the operating room is on the third floor. The Medical College of Lisbon, or Medical and Surgical School, as it is called, is situated within the hospital grounds. The lectures in the medical college are now in season. The following is a list of the branches

lectured upon, and the names of the professors in the several branches, which I have translated from the announcement.

Anatomy—THOMAZ DE CARVALHO. Physiology—RODRIGUES D'OLIVEIRA. Materia Medica—SILVA BEIRAO. Surgical Pathology—ARANTES PETROSA. Operations—RABEIRO VIANNA. Parturition—MAGALHAES CONTINHO. Medical Pathology—CUNDA VIANNA. Clinical Medicine—MAY FIGUEIRA. Surgical Clinic—MENDEZ ARNANT. Legal Medicine and Hygiene—PETTENCOURT PITTA. Pathological Anatomy—A. M. BARBOSA. Pharmacy—JOSÉ TEDESCHI.

The days and hours of lectures are as follows: Anatomy, Thursdays and Saturdays, 10—12. Physiology, Thursday and Saturday, 9—10. Materia Medica, Friday and Monday, 1—2. Surgical Pathology, Thursday and Friday, 11—1. Operations, Thursday and Saturday, 8—9. Parturition, Monday and Saturday, 11—1. Pathological Medicine, Wednesday and Friday, 11—1. Surgical Pathology, all days, 9—11. Clinical Medicine, all days, 8—9. Surgical Clinic, all days, 9—11. Legal Medicine and Hygiene, Wednesday and Friday, 11—1. Pathological Anatomy, Tuesday and Thursday, 11—1. Pharmacy, Tuesday and Saturday, 11—1.

The students are put in classes. The advanced students are separated from the juniors. The course embraces five years' study of medicine. During the first year, medical students are examined in the grammar of the Portuguese and French languages, Latin grammar, Elementary Mathematics, Principles of Physics, Natural History, Philosophy, rational and moral, History, Geography, and Chronology. Second year, same examination as the first, with addition of Zoology and lectures of Polytechnic school. Third year, same, with Botany. Fourth and fifth years, same as first, second, and third, with practical Pharmacy and frequent surgical clinics. At the close of the fifth year, the final examination is held, and the student receives his degree.

Prof. BARBOSA was giving his lecture on Pathological Anatomy at 11 o'clock, A. M., to-day, to fifteen advanced students.

Prof. BARBOSA, or some friend of his, had the bad taste to publish in the *Diario de Noticias*, one of the daily secular papers of Lisbon, accounts of his operations. The last case published was one of urethrotomy. Perhaps, however, he is excusable in this, because there is no medical paper published in Lisbon, in which he might record his feats in surgery.

The Botanic Garden belonging to the Medical College is a noticeable feature. It occupies a

space of five thousand square feet. The medicinal plants are arranged in beds, according to their natural orders. Every plant is labelled plainly, with its *Latin name*; the common name is not given. All the medical students are required to obtain a practical knowledge of botany in this garden. St. José is the largest and best hospital in Lisbon; there are ten other smaller hospitals.

The Santa Casa da Misericordia, or Holy Foundling Hospital, was visited a few days since. The Portuguese consider this foundling hospital one of the most respectable institutions, not only for the end it has in view, but for its excellent management, and for the advantageous results which society in general has obtained from it.

In this building are received, fostered, and educated all those infants whom their mothers abandon to the care of society, and likewise all such as are the victims of crime, vice, or a demoralized nature. Still this abandonment, however unnatural, is perhaps better than infanticide, which it no doubt averts.

The number of foundlings maintained by this institution is 6436 boys, and 6759 girls; these numbers include all those who are placed out under the care of families who become responsible for their welfare, receiving a small stipend, and likewise all those who already earn their own livelihood. The house itself daily maintains two hundred and eighty-four inmates.

Can the facility with which infants are disposed of at such institutions, be the reason why so many restraints are thrown over the women of this capital, and their movements regarded with so much suspicion? Let an unmarried lady walk or ride with an unmarried gentleman in broad day-light in this city, she instantly loses caste in society by so doing.

If the statistics of the hospitals can be relied upon, morality is not much advanced by the existence of foundling hospitals, and by the existence of laws regulating prostitution.

Let Protestant America beware how she introduces foundling hospitals, and enacts laws to arrest the scourge of syphilis.

J. B. SCOFIELD.

DOMESTIC.

A Troublesome Skin Disease.

EDITOR MEDICAL AND SURGICAL REPORTER:

According to promise I send the following extracts from my case-book, with a few remarks: Mrs. W. B., æt. 28. Lymphatic temperament; fair complexion; general health good; two children.

Dec. 13th, 1865. Whilst attending youngest child, called my attention to her throat. Found it inflamed, with diphtheritic exudate, shaded over right tonsil. Gave sulphate of quinia, in tonic doses, and wine. Locally, sol. chlor. potassa, with cold water bandage externally.

14th. Throat better; continued treatment, except bandage. Discontinued visits.

18th. Called in to "see a rash." Found eruption on neck and chest, (*eczema erythematosum* of WILSON.) Throat well; general health as usual. Gave potass. iodid., saline cathartic, alkaline lotion.

18th, P. M. Summoned again in haste. Patient had taken the medicine, and used the lotion, commencing soon after noon; the latter very soothing. At 4, P. M., complained of nausea, and fainted. Three varieties of eczema now visible—erythematosum, oedematosum, and papulosum. The second variety most noticeable on the face, which was disfigured, as in erysipelas. Patient reports having suffered from a severe attack of erysipelas seven years ago. The other varieties mentioned visible all over her person, from the scalp to the toes. Papule on palate and tonsils; pulse 76; respiration normal.

The treatment consisted in the administration of alkalies, as soda and potassa; tonics, tinct. ferri chlor., syr. ferri iodidi, FABER's ferrated calisaya, champagne, generous diet; also FOWLER's sol. of arsenic, with various local applications, alkaline lotions, bandages, water, glycerine, iodide of glycerine, according to the variety of form and stage of the disease, for it went through them all, from erythematosum, ichorosum, etc., etc., to squamosum; "not to put too fine a point on it," she ended by skinning from the crown of the head to the sole of the foot, entirely losing a very fine head of hair. The process occupied six tedious weeks; with a slight access of the disease in the spring, and again this autumn; more amenable to treatment, and lasting but a few days; desquamation not taking place.

My experience inclines me to dissent from WILSON's maxim of keeping arsenic as a dernier resort, but on the contrary, to have recourse to it at once.

During the progress of the case, I advised with Drs. SAMUEL LYNES, of Norwalk, and W. P. BENNETT, of Danbury. We thought the case interesting, if not unique, so I report it in hope of hearing from some of the correspondents of your widely disseminated journal something new on the vexed and vexing question of skin disease.

FRANK N. H. YOUNG, M. D.

Danbury, Conn., Dec. 22, 1866.

Vivisection.

EDITOR MEDICAL AND SURGICAL REPORTER:

Presuming that the liberality of the REPORTER will admit the expression of views different from those of its editorial columns, I wish to say a few words in regard to Prof. DALTON's advocacy of vivisection, quoted in your last number.

In the first place, vivisection may have two purposes; actual investigation, and class demonstration. Against the latter especially, before the use of anaesthesia, has the objection been raised, that it is, by its needless cruelty, demoralizing or dehumanizing, to the class if not to the operator. With ether or chloroform, this is not so; but I hold that experiments requiring sensibility and involving torture ought not to be repeated for exhibition to a class.

Experimental physiology of course furnishes a certain amount of evidence, sometimes important. But, in Dr. DALTON's citation of its results, we may observe that he lays the most stress upon some instances certainly not of vivisection. BOYLE's, PRIESTLEY's and LAVOISIER's experiments upon respiration, and those, in regard to digestion, by Dr. BEAUMONT upon ALEXIS ST. MARTIN, were not vivisections; nor should we consider as such the experiments of SIEBOLD and KUCHENMEISTER upon *cysticercus* and *tania*.

As to the comparative precision and value of its results, it may be remembered that, in reference to the nervous system, if BELL and MAGENDIE seemed to have settled something, BROWN-SÉQUARD has unsettled almost everything. If GALEN and HARVEY advanced the knowledge of the circulation by experiments which confirmed their profound reasoning, vaso-motor physiology has been (I presume to say) thrown back half a century by some of the vivisections and false reasonings of the WEBERS and BERNARD. The time will come when Sir CHARLES BELL will be understood to have been greater, even in his power of philosophic thought than in his experiments; which were by him regarded as of subordinate importance.

It is a striking point in your digest of Prof. DALTON's advocacy of vivisection and account of its results, that the name of BROWN-SÉQUARD is not mentioned in it. That seems the play, without the character, of Hamlet. If this very distinguished physiologist be not a vivisector, he is nothing. Yet,—it is not quite yet the extreme of audacity to say, that whatever he may have added to positive biological science in fact, he has raised more problems by his experiments than he has ever solved.

I oppose merely an undue estimate of the value

of vivisections. Like capital operations in the surgical arena, they captivate the student infinitely more readily than the profoundest or most practical teachings. But they are not worth so much. Their place is one of subordination, not of pre-eminence, in investigation; and yet more so in teaching. Direct observation, without traumatic disturbance to complicate it, and the comparison of function with structure through the whole animal kingdom, have done, and will do, far more for biological science than vivisection can claim, granting the most that ought to be allowed to it.

HENRY HARTSHORNE, M. D.

Philadelphia, Dec. 27th, 1866.

Spotted Fever.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the number of the REPORTER of Nov. 17th, appeared a communication over the signature of Dr. T. B. SMITH, of Cooperstown, N. Y., in reference to an article from me in the REPORTER for Oct. 6th, on spotted fever. I cannot refrain from taking some notice of the above-mentioned communication, inasmuch as it is dictated in a very objectionable temper, and betrays an expression of doubt as to the correctness of my statements.

It is possible that Dr. SMITH might have conceived the opinion that spotted fever is an unmanageable disease, or that the want of success in its treatment, on his part, implied the same with all others.

Dr. SMITH, however, may belong to that superannuated school of medicine, whose adherents see no other disease but inflammation, nor who know no other remedy but antiphlogistics. But it may be profitable to all concerned, to bear in mind, that the subject now under consideration is nowhere treated successfully by antiphlogistics, no matter how much of an inflammatory aspect the symptoms may present. And furthermore, the united testimony of all writers on this subject are uniform, that very many cases in which the most unequivocal symptoms of fierce inflammatory action were observed, that post-mortem investigations gave not the remotest evidence of such. It must not be forgotten, that the pathological researches of VIRCHOW, BERNARD, and others, show that intensely depressed nerve-forces are capable of presenting all the phenomena of inflammatory action in detail.

But Dr. T. B. SMITH found much fault, because I gave a plan of treatment, with which we in the West are successful in combatting the disease in question, and expressed the opinion

that I had not seen, much less cured, many such cases as his.

I wish Dr. SMITH to bear in mind, that to cure a morbid condition is impossible; we rather, by appropriate means, control morbid action, and give the *vis medicatrix naturæ* the arena whereby the damage may be repaired.

But I must most respectfully call Dr. SMITH's attention to the saturated tincture of the green root of the gelsemium in the treatment of this complaint, and assure him, that if it is used with a bold but skilful hand, all those terrible symptoms that mark disturbance in the cerebro-spinal system in spotted fever, can be most happily controlled. Then comes in the belladonna, whose specific action is upon the cerebral and spinal circulation. In conformity to my idea of the true pathology and etiology of the disease, I use the sulphite of soda to hold in check the septic ferment which is the proximate cause of this grade of typhus fever.

It is with great pleasure, that I assure Dr. SMITH, that he is in profound error when he entertains the opinion, that it is "simply absurd" to think of treating successfully such cases as he had with such remedies. From the above remark, I infer that Dr. SMITH's mind is absorbed by the idea, that the severe manifestations of disease are to be met with wonderfully severe remedies. But it must be remembered that the pathology of the nervous system, as it is being developed by the microscope and electric appliances throws such new and unlooked for light upon nerve action, as to make the most severe forms of disease or derangement in that system depend upon very simple causes, and equally controllable with simple remedies. I shall, however, give the outline of the clinical history and treatment of one case, which can be taken as a type of four others, all of which recovered under the above treatment, and during one epidemic, and which showed a singular similarity in all the prominent symptoms.

A boy, eleven years old, was awakened from his sleep with great pain in his head, and soon after complained of as severe pain in his neck and dorsal vertebræ, which was rapidly followed by rigidity of the muscles of the neck and back. In one and a half hours from his first awakening, there was developed opisthotonos. His skin was spotted over with well-marked petechial spots, pulse 90, skin hot and pungent, tongue broad and dry, eyes suffused, pupils contracted and quite sensitive to light. Delirium supervened, and the derangement of the nervous system became more and more complete. It was another

clear case of spotted fever in all its most fearful aspects. I saw the boy within two hours after the onset.

Treatment. He was packed forthwith in woolen sheets, wrung out of hot water, in which mustard was plentifully infused. I then poured down him f.ʒss. of the tincture of gelsemium, and repeated it in half an hour, renewing the pack, making it as hot as was prudent, and at the same time, as soon as it could be prepared, f.ʒj. of strong beef-essence was thrown up the rectum. As soon as the gelsemium began to influence the nervous system, the severe symptoms began to abate, and thus it was kept up in smaller doses, with the sulphite of soda and the belladonna. The beef-tea enema was still kept in use. The boy recovered in ten days. Another case was similar in nearly every respect, only in this, coma came on after the delirium subsided, but was not profound. But it was most happily controlled by the mustard-bath pack.

I could continue giving the history of other cases, but let this suffice; and now I must inform Dr. SMITH, that had he criticised my practice as I did his, I should have thanked him in behalf of medical science. However, I trust, that in future he will acquire a conviction, no matter how confused it may be, that outside of Coopers-town, spotted fever is curable at a higher ratio than one to nine.

JOSEPH ADOLPHUS, M. D.

Hastings, Mich., Nov., 1866.

News and Miscellany.

Treatment of Acne.

In acne rosacea and acne simplex, the acid solution of iron—made by dissolving three ounces of epsom salts, and two drachms of sulphate of iron, in half an ounce of dilute sulphuric acid, and a pint of infusion of quasia—given in half ounce doses, is said to be very efficacious. In the tubercular form of acne, Mr. STARLIN, in the London Hospital for Skin Diseases, prefers the iodide of iron. In almost all cases, the red lotion—viz., two scruples of the bichloride of mercury, one of the bisulphuret, and ten minims of creosote, in a pint of water—is directed to be used.—*Am. D. Circ., Aug., 1864.*

— REQUESTS TO PUBLIC INSTITUTIONS. Miss SARAH P. PRATT late of Boston, bequeathed \$10,000 to the Massachusetts General Hospital; \$10,000 to the McLean Asylum; \$5000 to the Perkins Institution for the Blind, and \$10,000 to the Boston Society of Natural History; together with a valuable collection of shells and works on conchology.

A Remarkable Solvent.

It is now discovered, it appears, that if a piece of copper be dissolved in ammonia, a solvent will be obtained, not only for lignine, the most important principle of all woody fibre—such as cotton, flax, paper, etc.—but also for substances derived from the animal kingdom, such as wool and silk. By the solution of any of these an excellent cement and water-proofer is said to be formed; and, what is equally important, if cotton fabrics be saturated with the solution of wool, they will be enabled to take the dyes—such as the lac dye and cochineal hitherto suited to woolen goods only. Hydriodide of ammonia, we may also observe, was long since discovered to be an equally remarkable solvent of the most refractory, or, at least, insoluble mineral substances. Now it is an interesting circumstance that ammonia, according to VAN HELMONT, and other old chemists and alchemists, was one of the requisite materials in the “formation of the alkaliest,” or “universal solvent,” of the ancient sages.—*Detroit Review.*

— PERCHLORIDE OF IRON FOR CANCER.—At the Medical Congress of Bordeaux, a paper was read by M. BIROR, upon the treatment of cancer. The author considers that perchloride of iron is a specific for cancerous affections; its action being like iodine in cases of scrofula. The perchloride should be employed both internally and externally, in order to affect both the diathesis and the diseased parts.

— PROFESSOR SAMUEL G. ARMOR, of the Medical Department of the University of Michigan, and who was for many years connected with the Medical College of Ohio, has accepted the chair of Therapeutics, Materia Medica and General Pathology, in the Long Island College Hospital, Brooklyn. We have only space to add that our Eastern friends must look out for their laurels. With Professor ARMOR, lecturing is a labor of love, and we predict for him, in his new field, the most brilliant success. The Long Island College has shown most excellent taste in its selection of a Western teacher, and we repeat to the Faculty that they must look out for their laurels.—*Cincinnati Med. Journal.*

— On a cold night recently, Dr. WHITBECK, of Hudson, N. Y., slipped upon the icy sidewalk, and falling down, dislocated his ankle. He could not get up again, and would probably have lain there all night had not a horse which had got loose from a stable come nosing around where Dr. WHITBECK laid. Seizing the animal by the head he was enabled to raise himself to his feet, and he then managed to get on the horse's back and ride him to his office, without saddle or bridle.

— A TEST FOR GILT.—WEBER states that a solution of common chloride of copper will not affect articles covered with gold-leaf, but will leave a brown stain on those covered with gold-colored alloys.

— FOOD FOR PLANTS.—ILLIENKOF, a Russian chemist, recommends the use of 40 parts of ground bones, 40 parts of wood-ashes, and 6 parts of newly-made lime, with water enough to thoroughly mix the whole.

